

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

|   |  |
|---|--|
| API NO. (assigned by OCD on New Wells)<br><b>30-025-04756</b>                                       |  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |  |
| 6. State Oil & Gas Lease No.<br>N/A   |  |
| 7. Lease Name or Unit Agreement Name<br>EUNICE MONUMENT SOUTH UNIT                                  |  |
| 8. Well No.<br>451  |  |
| 9. Pool name or Wildcat<br>EUNICE MONUMENT  |  |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.)<br>3585' GL                                       |  |

|  |  |
|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"<br>(FORM C-101) FOR SUCH PROPOSALS.)         |  |
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  |
| 2. Name of Operator<br>CHEVRON U.S.A. INC.   |  |
| 3. Address of Operator<br>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE  |  |
| 4. Well Location<br>Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line<br>Section <u>22</u> Township <u>21S</u> Range <u>36E</u> NMPM <u>LEA</u> County |  |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.)<br>3585' GL  |  |

|  |  |
|--|--|
| 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   |  |
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/><br>OTHER: <input type="checkbox"/> | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input checked="" type="checkbox"/> ALTER CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/><br>CASING TEST AND CMT JOB <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

WORK PERFORMED 6-22 THRU 7-11-93  
MIRU PU, NU BOP, PUMP 682 BBLs POLYMER. SWAB, ACDZ W/2500 GALS 15% NEFE HCL.  
SWAB, ND BOP, NU WH, RETURN TO PRODUCTION

PRODUCTION BEFORE WORKOVER = 15 BO, 1282 BW & 20 MCFGPD  
AFTER WORKOVER = 13 BO, 147 BW, 29 MCFGPD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 7/23/93

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY Paul Kautz TITLE Geologist DATE JUL 27 1993

CONDITIONS OF APPROVAL, IF ANY: